

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 0692205 FILING DATE 10-27-05  
 APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5	/						55							
6		/					56							
7		/					57							
8	/						58							
9		/					59							
10		/					60							
11		/					61							
12		/					62							
13	/						63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
19	/						69							
20		/					70							
21		/					71							
22		/					72							
23		/					73							
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26		/					76							
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31		/					81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36	/						86							
37		/					87							
38		/					88							
39		/					89							
40		/					90							
41		/					91							
42	/						92							
43	/						93							
44	/						94							
45	/						95							
46		4					96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	12						TOTAL IND.							
TOTAL DEP.	37						TOTAL DEP.							
TOTAL CLAIMS	49						TOTAL CLAIMS							